



United States Department of Agriculture
Natural Resources Conservation Service

CSP Enhancement Certification Sheet

Pollinator Areas

Client's Acknowledgement Statement:

- I agree to apply this enhancement under the terms and conditions of my CSP contract and understand the requirements of the activity.
- I certify that any benchmark activities listed below are already in place on my operation.
- I will establish the new activities below during my contract period. I understand that I will not receive a CSP enhancement payment until the activity is implemented.
- I agree to keep receipts for any materials, parts, equipment or services used to implement this activity.
- I agree to perform site preparation, purchase of seed or plants, establishment and maintenance of the plantings as specified by NRCS.
- I will consider permitting NRCS staff or their representatives access the site to document species attracted to the pollinator area.
- I understand that it is my responsibility to obtain all necessary permits and to comply with all laws, regulations and ordinances pertaining to the application of these activities.

Documentation

Enter the total number of acres of the enhancement activity that will be implemented and maintained under the CSP contract in the table below. Enhancement activities receiving financial assistance from other federal programs will not receive a CSP payment until they are no longer required in that contract.

Attach a plan map showing the location of the field(s) where the Pollinator Areas Enhancement is being implemented.

Compensation will be per acre basis as described in my CSP contact.



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Tract	Field	Plant Name	Plant ID (release name, accession #)	Acres	Year Applied

I agree that the following information will be provided to NRCS upon request:

1. Written documentation of the activity performed.
2. Copies of dated receipts for equipment or services purchased.

I understand that it is my responsibility to obtain all necessary permits and to comply with all laws, regulations and ordinances pertaining to the application of these activities.

Accepted by: _____ **Date:** _____